

APPLICATION

Date Received _____

Fee Paid \$ _____ Receipt # _____

Date Approved _____

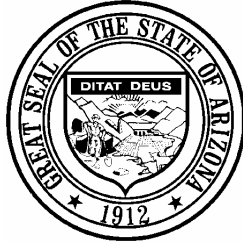
LICENSE

Fee Paid \$ _____ Receipt # _____

License # _____ Eff. Date _____

Date License Mailed _____

(DO NOT WRITE ABOVE THIS LINE)

**ARIZONA STATE BOARD OF DISPENSING OPTICIANS****APPLICATION FOR ARIZONA OPTICAL ESTABLISHMENT LICENSE****1. Business Name of Optical Establishment***(Print or type name as you desire it to appear on license)***Street Address of this Optical Establishment***(Street & Number)**(City)**(State)**(Zip)**(Phone)***Proposed Business Hours** _____

2. Name(s) and license number(s) of the licensed dispensing optician(s) who will work at this establishment on a full-time basis. If more than one, list the name of the supervisor first. NOTICE: Pursuant to A.R.S. §32-1684.01(B) a licensed optical dispensing establishment must maintain at least one Arizona licensed dispensing optician who works at the establishment on a full-time basis.

Name: _____ License #: _____

Home address: _____

Telephone #: _____

Name: _____ License #: _____

Home Address: _____

Telephone #: _____

Person to contact concerning this application: _____ **Title:** _____**Telephone number:** _____**CURRENT NON-REFUNDABLE APPLICATION FEE: \$100.00 + LICENSE FEE \$100.00**

3. If this establishment is a business office of a person or entity which is already the holder of a license for an optical establishment, please list the name and address of all other optical establishments in Arizona that are owned or otherwise controlled by the person or entity (*listed in #4*) that is applying for this license.

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Person to contact concerning application: _____ Title: _____

Telephone # _____

4. Type of Entity Seeking to Obtain Optical Establishment License (check appropriate box A through D)

A. ___ Establishment operated as a sole proprietorship.

Name of person who is the owner/operator of the establishment _____;
and address for receipt of all mail from the Board: _____
_____ Telephone: _____

B. ___ Partnership - Names of General Partnership and Managing Partner: (*type below*)

_____ Address of Partnership for receipt of all mail from the Board:

Telephone #: _____

C. ___ Corporation - If a corporation or a division of a corporation, list the name of the corporation and the designated corporate agent (with address for service of official documents and notices); list company president or chairman or chief executive officer and include the state of incorporation

Corporate Agent (*name, address, telephone #*): _____

Chairman/President or Chief Executive Officer (*name, address, telephone #*): _____

State of Incorporation: _____

If the corporation is not an Arizona corporation, attach a certified copy of the Arizona Corporation Commission form reflecting authority to do business in Arizona.

If this is an Arizona entity, attach a certified copy of the Articles of Incorporation.

If this is an Arizona corporation, is it in good standing with the Arizona Corporation Commission and has the corporation's annual report been timely filed, when last due, with the Arizona Corporation Commission?

Yes _____ No _____ (*check appropriate answer*)

D. ___ Other - Describe and list name and address of responsible person(s): (*type below*)

5. Please list all owners of this optical establishment who are Arizona licensed physicians or optometrists.

Name

Professional Designation

Being first duly sworn upon his or her oath, the undersigned deposes and says: I have read the completed application, know the full content thereof, and declare that all of the information is true and correct. I understand that this application is subject to independent verification. Further, I authorize all institutions or organizations, business and professional associates (past and present) and all the Arizona State Board of Dispensing Opticians or its successors any information, files or records requested by that Board in connection with this application. I authorize the Arizona State Board of Dispensing Opticians or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure.

I acknowledge that any misrepresentation or falsification of any item or response on this application is adequate to deny the same or to hold a hearing to revoke the optical establishment license, if issued.

Applicant further acknowledges that he or she is responsible for complying with A.R.S. §32-1699, commonly known as the Arizona Dispensing Opticians Act, and the Rules promulgated by the Board. Applicant is aware that he or she assumes the responsibility to read any future changes that may revise or amend the present applicable statutory provisions and rules. Applicant understands that the mere completion of this form and payment of a fee does not authorize the applicant to lawfully maintain and operate an optical establishment as defined by A.R.S. §32-1671(4).

Pursuant to A.R.S. §32-1684.01(A), this application must be verified under oath by the responsible party.

STATE OF _____)

COUNTY OF _____)

_____(*typed or printed name*), being first placed under oath, swears that the facts in the foregoing application for optical establishment license are true.

(*Signature*)

(*Typed or Printed Name*)

Subscribed and sworn to before me on _____, 200__.

(*Notary Public*)

**Mail this form with \$200.00 fee
\$100.00 application fee (nonrefundable)
plus \$100.00 license fee to:**

**Arizona State Board of Dispensing Opticians
1400 West Washington, Room 230
Phoenix, Arizona 85007
Telephone #: 602-542-3095 Fax #: 602-542-3093**

(FOR BOARD USE ONLY)

Fee received \$_____ Date of Board Review_____

Receipt # _____ License # _____ Date Mailed _____

Comments_____



Do you need this information in an alternative format? Please call the
Board Office at 602-542-3095